

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$43,108.75 for dates of service 03/22/02 extending through 03/29/02.
- b. The request was received on 08/13/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Position Statement obtained from the Table of Disputed Services
 - b. UB-92
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 08/26/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There is an initial carrier response that is reflected as Exhibit II in the commission's case file.

III. PARTIES' POSITIONS

1. Requestor: From Table of Disputed Services
"Carrier has not provided "final action" within 45 days, nor has Carrier provided any EOB. Carrier has not paid per the appropriate MAR or documented "fair and reasonable" reimbursement.
2. Respondent: No position statement

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service (dos) eligible for review are those commencing on 03/22/02 and extending through 03/29/02.
2. The Provider billed the Carrier \$57,478.33 for the dos in dispute.
3. The Carrier made a total reimbursement of \$00.00 for dos in dispute.
4. The amount left in dispute is \$43,108.75, per the table of disputed services.
5. There are no EOBs in the case file.

V. RATIONALE

Medical Review Division's rationale:

The Medical Review Division is unable to determine what services were rendered or what services could be deducted such as personal items or those not related to the compensable injury because there were no medical records as required by rule 133.307 (g) (3) B) submitted. The provider is required to send an itemized statement of charges to the carrier per Rule 133.1 (a) (E) (iv). This nor an itemized statement. There is no information that, "...discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement..." as required per Rule 133.307 (g) (3) (D) Therefore, no reimbursement can be recommended.

The above Findings and Decision are hereby issued this 3rd day of April 2003.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/co